Telephone interview with PhM1c Thomas A. Moore, World War II submarine corpsman. Performed second submarine appendectomy. Resides in Grand Junction, Colorado Interviews of 24 March, 29 March, and 30 April 1993 by Jan K. Herman, Historian, Bureau of Medicine and Surgery. (1920-2004)

Where were you born?

On August 11, 1920 in Texas, but I never stayed there very long. My parents moved to Arizona when I was 1 year old.

When did you enlist in the Navy?

In August of 1938.

Had you decided to become a corpsman right away?

I kind of got in the Hospital Corps by hit and by golly. I was in boot camp and my big ambition at the time was to be an electrician. They passed the word that they were going to hold an examination for hospital corpsmen down in the south unit in about 20 minutes. About 2 minutes before that they announced that they were going to have a surprise bag inspection which was laying your clothes out. They all had to be tied with a little ditty string. I didn't have my gear ready so I just decided to go down and flunk that darned test. In the meantime, I would get out of bag inspection and have full liberty rights. So I took the test. I went down with another guy I was buddy with. He was a kid who had 2 years of pre-med. I told him I was going to flunk it and he told me to do my best. I took the exam and when they got through grading it my grade was better than his. As a result I made the Hospital Corps school.

Where did you go to Hospital Corps school?

At the San Diego Naval Hospital. It was a 4-month school at that time, a grand slam cram course. They taught the full range of subjects in a very condensed course.

What did you do when you graduated from there?

My first assignment was right there at the Naval Hospital. That was about 1939 and I was there at least 3 years. I spent 2 years on the surgical ward and genito-urinary ward. I became a surgical technician.

Did you go to submarines right after that?

No. An old captain in the Navy Yard down there at the Destroyer Base in San Diego where they were recommissioning those old World War I destroyers had developed a condition where he thought he was going to have an operation. He figured he would go and get the operation at Naval Hospital San Diego, and in about 10 days he would come over to the base. He had another fellow and I transferred there with the thought of nursing him while he recovered. This way he could re-assume his command while recuperating.

I went to the destroyer base and then to the sick bay and I was there for a couple of days when they called me and said they wanted to see me on the USS Rigel (AD-13) which was a destroyer tender. The captain of the destroyer base had his quarters aboard that ship. All of a sudden I was called to see the captain in his private quarters. He asked me why I didn't report when I had gotten there. "Your orders read that you were supposed to report to the commanding

officer." I told him that I had reported in to the OD (officer of the deck). He said that wasn't enough. Then he told me what his grand plan was. I stayed on the destroyer base for about 3 or 4 months.

We had a base hospital there. They were servicing about 4,000 men through there. We would see them at sick call and if they were sick enough we would send them to the naval hospital. We maintained about 20 beds with 6 in the isolation ward.

When did you go to sea?

I went to sea right after that. I got orders to go aboard the USS Sperry (AS-12), which was a submarine tender. I got about half way up the gang plank to depart when they called me back and told me my orders had been canceled. I was then reassigned to the USS Maryland (BB-46). I was tired of surgery and wanted to do something different. On the way up to San Pedro I tossed all my records about my Hospital Corps training over the side. I then went down to sick bay and reported in down there. Then they gave me a locker. I was stowing my gear in the locker when this old chief says, "Moore, when you get through with that, you can take charge of surgery." I said, "Well, I wouldn't know anything about that."

You had worked in surgery at the hospital for some time, didn't you?

Yes, for about a year.

So you knew quite a bit. You had watched a number of operations.

Yes. In order to get your operating room certificate you had to pass instruments for at least 100 appendectomies, 1 craniotomy, 10 gall bladders, 10 laparotomies, and a specified number of other operations. I made rear admiral there as every time I got ornery, the chief nurse of surgery made me pass instruments for hemorrhoidectomies.

You had probably seen more appendectomies than any other operation.

Well, they were pretty common in those days. If you had a pain in your belly they automatically took out your appendix. They didn't want to have it act up at sea.

You certainly were no stranger to that kind of operation.

No. Not from the technician's side of it. I was really surprised to learn that they hadn't done an appendectomy aboard the Maryland in years. They had transferred all their patients ashore. Anyway, I found out why I was sent to the operating room. The old chief said, "Knock off the bull about not having any experience. We know all about you. Do you know a guy named J.F. Luten [LCDR John F.]?" "Sure," I said, "I served under him at the hospital in the genito-urinary lab. He was my boss." "Well, he's your boss right now," the chief said, "and that's why you got orders to the Maryland."

It was about the third time we went out past the breakwater in San Pedro. We were heading in and I got the order to heat up the instruments; we were going to do an appendectomy. I told the medical officer, "I'm about to go on liberty. Why don't we just transfer this guy to the naval hospital?" "No," he said, "We are going to do some surgery on this ship." And so we did surgery that day. We got down to what they call surgical pants used to take out the appendix. The surgeon said, "Where are the surgical pants?" I said, "I don't have any surgical pants." "Well, you had better get some made," he said.

What are surgical pants?

At that time it was a piece of gauze with a slit in it which was sewed real precisely so when they got down to where they were going to work on the appendix, they would put the surgical pants around the base of it. They would clamp it down real tight so if they had drainage of any kind it would go down on this piece of gauze and not in the abdomen. I told him, "After all, Commander, you're at sea and you don't have everything you have at the naval hospital." He didn't say anything and we finished the case. Before he walked out of the room he said, "Next time I come into this room, I want you to have surgical pants."

Were you already moored at the dock when this happened?

No. We were anchored inside the breakwater when we did the operation.

So he did it because he needed the practice.

Not really. He did it simply because he wanted to. He was a good surgeon. We also had a top notch Mayo Clinic trained surgeon who was junior to him.[LT James C. Luce] This guy would bring all the pharmacist's mates he had available there in the sick bay--and we had about 20 corpsmen there--and he'd instruct them on just what he was doing in removing that appendix. Of course, I was an innocent bystander just passing instruments. I got kind of bored with his instructions, but after the surgery the young surgeon would say, "Moore, I want you to remember what we did and what I told everybody on this piece of surgery. I want you to go back to your bunk and write down everything we did and bring me the piece of paper when you get through." Well, I went back to my bunk and went to sleep. When they sounded the liberty bell I went down to get my liberty card and, darn if he hadn't yanked it. I hadn't turned in that paper and I didn't get any liberty until I did. So I caught about the fifth or sixth liberty boat. But he kept that up. He was really a hound on it. I couldn't imagine why anyone should be subjected to that sort of thing because I knew what instruments to use. I did my job.

Was that paper supposed to be a description of the operation?

Yes, and each tissue he cut through, everything all the way down to the appendix. How you took out the appendix and how you cauterized the stump.

By the time you were finished on the <u>Maryland</u>, then, you were a pro.

No, not really. I knew just about everything that was going on. They just left out about 4 years of medical school.

How long were you on the <u>Maryland</u>?

I was on it almost a year to the day.

What happened when you left?

I was still on the ship when Pearl Harbor happened. I got another snow job on that. I was down at my battle station below deck on first aid nursing station and the captain ordered me to be evacuated up to the sick bay where we didn't have that 16-inch metal protection. There was a flight surgeon up there. Our regular doctors were still on liberty. We turned to and went

through about 30 heavy lap [laparotomy] packs[1] in no time at all treating the injured people on the Maryland and from other ships. The Oklahoma (BB-37) was turned upside down alongside of us. All we did was suture and sew and operate all that day.

After about 3 or 4 hours things sounded secure and we got caught up. Then I went back to the afterdeck to get a breath of fresh air. When we stepped out on the quarterdeck, that was the first time I saw Pearl Harbor after the blitz and it was already after dusk. You could see the fires burning and the smoke was tremendous over the bay. That was the fastest day of my life.

Could you hear the bombs going off while you were down in the sick bay?

That all happened in the space of just a few minutes. We could hear it all before I went up to the sick bay. On their second pass, I imagine we heard it then. But the rest of the day, as far as the ship was concerned, was fairly quiet. The planes didn't come back after the second sweep. But even after that second sweep, we were still under security and we were ready to shoot everything that came into our sights. I was working in the sick bay and we had every bunk full and they were even lying on the deck

Were these just people from the Maryland or had you been fishing people out of the water?

They fished who they could out of the water and got a hold of the injured and sent them down to us. We took care of them as best we could. The Maryland had a pretty good medical facility on it. That old battleship had been around a pretty long time. They had me make up all those lap packs in case we got into an emergency. I thought it was all pretty silly because it wouldn't be that long before we would have to resterilize everything but apparently they knew something I didn't.

How long were you on the Maryland after Pearl Harbor?

Not very long, about a year altogether. That old ship would go out and sail around till we saw a Japanese flag or Japanese plane and we would hightail it back into port. They were trying to give the impression that we had battleships all over the ocean. We had about six or eight. It was August of '42 when I went into submarines.

Did you volunteer for submarine duty?

All men were volunteers. I decided I wanted to do something besides run out there, look at a foreign flag, then turn tail and run. I actually went outside the chain of command to get submarine duty. I went to see the detail chief and told him I wanted to go into submarines. He interviewed me for a while. "I want to tell you something," he said. "You better think this over very carefully in the next few minutes and be sure that this is what you want because when you go back to your ship, you'll have orders to go to the submarine fleet."

And that's just what happened. I went back to the ship and had to act pretty dumb. I went down to sick bay and the medical officer that always had me write up the details of the operations said, "We know that you probably requested orders. I wish you a lot of luck on

[1] Laparotomy packs held 12 to 14 surgical towels, a laparotomy sheet for draping the patient, and gowns for three surgeons and an instrument nurse.

submarines. If you ever have anything that you have to do surgically, remember what I taught you."

I stayed on the Sperry for a month at Pearl and then was transferred to the USS Silversides (SS-236). While we were on the Sperry, we went to some physiology classes.

When you were on the Sperry, did you sail to Australia to pick up the Silversides, or did you pick it up at Pearl?

At Pearl.

This would have been Silversides' third patrol.

Yes.

Had you made any special preparations, knowing you were going to be aboard a submarine?

They put us through the diving tower at Pearl. They had an escape tower there, a hundred feet of water. I qualified for the dive. I was a pretty good swimmer and wasn't too enthused about it but I did it and qualified for submarines.

Did you have any other training?

The tower was it.

How long did it take you to qualify?

They took me on my medical qualifications. I was a first class pharmacist's mate. You had to be a first class and you had to be schooled in minor surgery. A lot of people don't put this in the right perspective. All they had in the way of medicine at that time were 40 drugs on the medical supply table. They didn't have all these exotic things they use now. If you cut somebody, you had to use real good sterile technique or you'd get infection. And that's one thing pharmacist's mates who were in surgery at that time were very well trained in--aseptic technique. We didn't have anything but the sulfa drugs. I took some on our patrol out of Australia.

Lipes told me that when he was a corpsman serving in submarines, he pretty much had to learn the whole boat, the torpedoes, the engines, and everything else. Did you have to do the same thing?

Yes, when I went aboard that thing I asked the chief what I had to do and how long it would take for me to qualify to be a submariner. He said, "You have to know every bolt on this thing. Until you do you don't get your dolphins. If you were a machinist's mate or an electrician it might take you 6 months. Being a pharmacist's mate it might take you a year or a year and a half. Unless, of course, we get under a good depth charge attack and if we do that you'll be qualified in 10 or 12 days."

How long did it take you to get your dolphins?

Twelve days. That same night I asked him that question they caught us and kept us down for about 6 or 8 hours. Every depth charge sounded like it was right on top of the lid. They just pounded the devil out of us. The Silversides took a lot of punishment that day.

When you went aboard Silversides, what did you have in the way of equipment in your sick bay?

I had a little storage locker. It was just a small locker like a room locker, maybe 12 or 14 inches across and stood about 3 or 4 feet high at the most. It was about a foot deep and there was a bunk on each side of it.I had a pair of tweezers and an instrument set that I could do light surgery with. Altogether, I had six Kelly instruments, a set of tweezers, a scalpel, and that's about all. We did have a few towel clips and a sponge holder.

Did you have a microscope?
No.
How about a sphygmomanometer for blood pressure?
Yes. We had that.

But you couldn't do any kind of blood work?
Well, I could but I didn't have a microscope to do it with. You couldn't run a CBC (complete blood count). You were basically in the dark as far as that was concerned.

When you took Silversides from Pearl did you have sulfa or did you get that in Australia?
I'm not sure. But at any rate we never thought much about that. Most of the boys in submarines at that time were pretty healthy anyway. The only thing we ran into on a submarine was an awful lot of industrial accidents. There was so much equipment in such a close space that you just had a lot of people just running into bulkheads.

When you were in Pearl in September or October of 1942, had you heard about Wheeler Lipes[2] and what he had done?
I didn't hear about Lipes until I got down to Australia.

How did you hear about it? Was it just scuttlebutt or did you see a message?
Just scuttlebutt.

Did you talk it over with your other corpsmen?
There were no other corpsmen on my boat but I probably talked about it with guys from other boats, but not to any great extent.

Had it occurred to you before this that you might run into an appendectomy?
It occurred to me but I wasn't very serious about it because I knew I wouldn't have to do it.

But after you heard about Lipes, did it become more evident that it could happen?
Yes.

Did you make any special preparations such as getting additional instruments?
No.

---

[2] **On 11 September 1942 PhM1c Wheeler B. Lipes had performed the first successful submarine appendectomy aboard USS** Seadragon.

Having a case of appendicitis aboard your boat, then, wasn't something that consumed you.

I thought we would be able to transfer people back to a hospital.

How did the episode actually come about on Silversides?

This kid named George Platter came to me about 3 or 4 in the morning and told me he had a pain in his belly. We had a lot of that around the ship. So I gave him some paregoric and told him to go on back to bed and he'd be alright, which was not the best thing to do, I found out years later. He came back about 7 or 8 o'clock and told me again he had pain in his belly. One thing the old doctors taught me--in fact, even before we did any surgery, he'd always take me when he would examine the patient. Then he'd try to point out different things. He was very careful to point out specific things about pain in the abdomen. How to check for gall bladder. He said that appendicitis was something that occurred in young men quite often. They were very careful in instructing us in that.

So you knew how to examine for that?

Oh, yes. My training on the Maryland in surgery. At the San Diego Naval Hospital we used to go on the surgical wards and watch doctors diagnose their patients. If corpsmen had any interest at all, Navy doctors were pretty good about showing them these things.

And you had that interest.

Well, just from a general concept, not specifically for an appendectomy.

When you examined your patient, what did you find?

We were only 4 days out of Australia. I told him that I thought he had appendicitis but I wouldn't bet on it. I told him that the paregoric would probably take care of the bellyache. So I gave him another teaspoonful of it. Then he went back to his bunk.

About an hour later he came back really complaining. Actually, I think he sent someone to take me back to his bunk. By then he was tied up like a hairspring. It was getting a little serious. I told the captain that we had a case of appendicitis aboard. He said, that was fine, we'd just radio for a PBY to come out and get him and take him back to Brisbane to a hospital. I then packed his belly with ice.

Where did you hear about that procedure?

That was part of the training. They did that back at the hospital.

So you packed his belly with ice to keep it quiet.

I didn't want to do any damage before he got off the submarine. I went up to [LCDR Creed] Burlingame and kind of laid it on the line. I was on the code board to send a message to Australia to get that PBY out. It was almost midnight and I wondered why the skipper hadn't sent that message. Burlingame told me that he was afraid to open up our transmitters because we had spent the previous day right off the Rabaul lighthouse. And he said that place was as well armed as Pearl Harbor. He said that he had also picked up enemy planes through the periscope all day long and that we were not opening our transmitter tonight.

Then the message to call the PBY out never went out?

It never went out. "Well captain," I said, "You know what's going to happen, don't you? This guy is probably going to rupture his appendix, get infected, and die if you don't get that plane out here." CAPT Burlingame said we just might go back with only 71 men aboard.

So you laid it on the line to the skipper?

I told him that that was my opinion. Of course, I was still holding out for the PBY. I really wanted to get rid of that patient because he was in dire pain by that time. We had an executive officer, LCDR Roy Davenport, who was a Christian Scientist and he would spend part of the day with him. And the captain visited him several times and he was very concerned, I'm sure. Finally the executive officer was with him about 11:30 when Platter said, "I hate to be disrespectful, but would you get the hell out of here and get that doc back here?"

At that point, I thought he might not have appendicitis but I knew that he sure had something. I started him on sulfadiazole and had him on it all day. After talking with him for a few minutes, I went back up to the captain's cabin. I told him again that I thought the guy needed to go someplace to get some surgery. I told him I still thought it was appendicitis. "In that case," he said, "If worse comes to worst, do you think you can operate?" I thought about that for about 2 minutes and then said, "I probably can, but I don't know what the outcome would be." He said, "Doc, if you got to do it you got to do it. I'll do anything I can. You can have any men you want to help you. The whole ship is at your disposal." He said that he would take us down to 100 feet below the surface so there would be no sway or movement.

He sat there and in about 5 minutes he finally propped me up to where I was convinced I could do that operation. He was a con artist from the word go. He was also an excellent leader of men. There were people on that vessel who would have cut their arm off for that old boy.

So at that point, he decided it was time to do it.

Yes. Let me assert right here that the lives of all crew members aboard submarines are the direct responsibility of the commanding officer.

Then you began organizing your team.

I got a radioman named Stegall who had been around the hospital quite a bit so he knew more than the rest of them. We decided that the executive officer, LCDR Davenport, could sit at the head of the table. We also had another guy there by the name of Danko.

Did you use the wardroom for your OR?

Yes. I probably did that because of what Lipes said about his.

So by this time, you had really heard the details of what Lipes had done.

Oh, yes. We had the word but I didn't have the complete story, just hearsay. I didn't know how much was gossip and how much was true. I'd even heard that he had used spoons for retractors. There were no retractors in my medical kit. So I had the machinist back in the machine shop make retractors. We got our other instruments from the galley.

What kind of instrument setup did you have?

All we had in the way of a setup was a suture kit with a few kellys on it.

Did you have a handle for your scalpel or, like Lipes, did you have to grip the blade with a hemostat?

I had a handle for the scalpel.

Did you use torpedo alcohol for sterilization like Lipes did?

No, just water. We boiled up our instruments. By that time, I had enough of a tray draped so we could put out the sterile instruments we had. I did have one tube of novocaine (150 mg crystals) and I had a spinal needle. I had thought that someone might at some point get a severe leg injury. We had the guy bend over and Danko held him and we did a spinal on him.

Where had you learned the spinal technique? Had Dr. Luce taught it to you or had you picked it up along the way?

We had used it the whole year I was in the operating room at San Diego. I saw it used in the GU clinic the 5 months I was there. When I went to sea, Luce used it.

Had Luce used the spinal technique frequently when you worked with him?

Yes. He always used it with appendectomies. But I never paid much attention to general anesthetic because we always had a trained anesthesiologist do that. But I did get a chance to see spinals being administered because I either held the patient or else handed the doctor the instruments he used to do it. I had plenty of time to observe technique. I imagine a few of them told us how to locate between the fourth and fifth lumbar vertebrae.

So it was something you were used to seeing?

Yes. I'd seen a lot of them.

With the spinal you gave, did you use the continuous drip method or what?

No.

So you had a spinal needle on board. Was it in the kit?

Well, I did have one on board just in case we did need it for a ligature or something. I thought it would come in handy. You could get anything you wanted at the base. You just told them what you needed and you could get it. There was no limit on that.

Then, a spinal needle setup was not something you would have seen routinely aboard a submarine. You had to ask for it.

You had to ask for everything you had on there. That locker was empty when I got aboard. The corpsman I relieved had pretty much stripped it when he was transferred.

When you went to supply and asked for the spinal needle, did they ask what you wanted it for?

No. I had that spinal needle on the first patrol I ever made.

Did you feel apprehensive about using it for a spinal?

Not too much at that time. The apprehension came after the appendix had been removed and I was cleaning up the abdomen.

Why did you decide to use a spinal? Was it because you knew the operation would be performed in a closed environment and it would be a lot safer to use than ether?

That was one reason but at the time it seemed the best thing to do.

How did you administer the spinal?

We turned Platter over on his side.

You had him on his side and you inserted the needle. What happened then?

We got a trickling of spinal fluid through the needle until we got good, clear fluid. I had 150 milligrams of novocaine already premeasured in a vial. I figured that would last about an hour and half, enough time to finish the operation. I snapped the top off and just let the spinal fluid drip into that until the vial was full. Then I put it back in the syringe and injected it into the spinal cord. It was real simple. Then we turned him over, painted his abdomen with merthiolate, removed it with alcohol, (We carried a few pints of pure grain alcohol on board.) and draped him with towels. And then we were ready to go.

I had two assistants gloved up and we went in and found the appendix fairly quickly. Then we pulled it up. But I was a little cautious with my ligation because this appendix was tied down.

Do you mean that it was adhered to the caecum?

Yes. Usually they would take a pair of scissors and cut that away. But I got too timid. I put a needle through there and I ligated that all the way down.

What condition was the appendix in? Was it in really bad shape?

Yes. I have photographs of it. [LT Robert] Worthington opened up a cubby hole between the officer's mess and the [operating] table and took five photographs of that operation. I've got the original pictures. These were the pictures that Lipes used when he did an interview for a magazine. I was a little peeved at him at the time because they were my pictures. I didn't meet Lipes until several years later when they sent us both to Hospital Corps officers' school in Washington, DC, at the Bethesda Naval Medical Center.

So you located the appendix, found it adhered, and had to get it separated.

I finally got that done. We put a tie around the base of the thing and walled it off with gauze real good and then cut the thing off. We then cauterized the tip with phenol, put a little alcohol on it. I thought that I was free on board. "All I've got to do is sew up a few places here." But I thought I should be like all the surgeons and check for bleeding down below. I took one of the sponge holders and put a sponge on the end of it and sponged down in the abdomen. It came out and there was blood. It was a helluva mess. There was something down there that was bleeding. I pulled the gut out through the incision and started examining it for a bleeder. I couldn't find anything down there leaking. I rolled that gut around for about 2 1/2 hours.

How long had the operation taken up till this point?

Probably 30 minutes, maybe less time than that.

Do you recall what kind of suture you used to tie off the appendix?

I don't recall, whatever suture they were using at that time.

I remember that Lipes told me that the doctor he worked with at Canacao [Naval Hospital, Philippines] told him never to use a purse string closure.

It wasn't a purse string deal. It was like tying a string around a finger.

So at this point you had been working for about 30 minutes and you reached down with the gauze and you found the bleeding.

Yes. And that's what took the time. I sweated blood until I finally just gave up. I couldn't find the darned thing. We were wheeling that gut about 12 inches at a time. I examined every square inch of that intestine.

How big an incision had you made?

I thought I had made a good one. I thought I had ripped him from one end to the other when I made it. Actually that incision turned out to be a quarter of inch shorter than a normal cigarette.

So you looked around for over 2 hours to find the bleeder.

Probably longer than that. I finally told myself that I might just as well close up. I started closing the peritoneum and came up and closed the fascial area. When we took the skin towels off to get to the subcutaneous layer it was then I found the bleeder. Then we found out what had happened. A bleeder that had been tied earlier had gotten loose. It was in the subcutaneous tissue, was bleeding, and was oozing down behind the skin towels and going into the wound. So as soon as I found that I was free on board.

Had the spinal begun to wear off at this point?

No. That happened after about 1 1/2 to 2 hours. As I worked I heard someone say, "Is this operation over yet?" It was Platter waking up. And then he began moaning and jumping up and down on the table. I knew we then had to resort to ether and I told LCDR Davenport to get a can of ether from the sick bay and a tea strainer and gauze. Davenport was up at the head of the table. I told him how to use the tea strainer. He put a piece of gauze over it and I told him how to drip the ether into it. He got pretty excited and got a little bit too liberal with the ether and it got all over the patient and nearly anesthetized all of us. In the meantime, Platter was still raising cane on the table. I left my place and went to the head of the table and started the ether dripping until we got him under and then I showed Davenport how to maintain just enough to keep him under till we could get through. I then returned to my position, regloved, and resumed the operation.

You then closed the skin and what did you do with the patient at that point?

We transferred him to a bunk in the forward torpedo room and I gave him a shot of morphine. He lay there for about 10 minutes and about that time the Japs started working us over with depth charges. So he spent his first post-surgical night with about 3 or 4 hours of depth charging. In fact, he got knocked clear out of his bunk at one point. But he was a pretty rough guy. I have to give credit to Platter. He had a lot more nerve than I did.

He died fairly recently, in 1987.

We went out to San Diego in 1984 to do a television thing with him. He was retired from his second job and running his RV up and down the highways all over the United States. He looked good but then we got the word that he had died of a heart attack about 3 years later.

The post-operative recovery then was uneventful and he recovered fairly quickly.

Yes he did. I went down the first day and found that he had stepped out and used the officer's john. I said, "Platter, I told you that you would have to stay in bed for 9 days." That's what the normal stay was in the hospital for an appendectomy. He said, "Hell, I had to go to the bathroom." Of course later, they found out that you could get the patient up the same day. But in those days we didn't know that.

When you had done the operation, had you sprinkled any sulfanilamide in the wound?

No.

So there were no antibiotics administered during or after the operation.

No.

You just knew what your aseptic technique was and you followed it carefully.

You bet. That's one of the things I still criticize people in modern hospitals about. I don't think the rate of infections they have is really justified.

I understand Platter was back at his battle station fairly soon, in just a few days. What happened during the rest of that cruise? Did you hear anything more about the appendectomy? Did anyone mention it in messages?

Not that I know of.

So there was no big deal made about it?

No. The big deal was made when we came into port.

That was in Brisbane?

No. We came into Pearl. That was a 46-day cruise, if I remember correctly. When we got back Platter had been back to duty for a good 36 days because he had returned to duty about 4 or 5 days after he had been operated on. In other words, he had been well for a long time.

After we had tied up at Pearl, they had all these admirals and captains come aboard to see what our mission had been like. We were all up on deck standing at attention. The old medical officer in charge of the medical clinic at the submarine base stepped forward and said, "Did you have any medical problems out at sea?" They called me over to talk to him. I said, "We had one, a guy had a filling drop out of his tooth and I filled that with a little eugenol and zinc oxide. As far as I know he's still got it. We also had a guy that fell down a hatch and cut his arm in the fleshy part just below his elbow. It took 26 stitches to close it up." By about that time old Captain [Lynn N.] Hart said, "What did you do about the appendicitis? Let's go down and look at him.

How did he hear about it? Had a message gone out?

No. I had just told him myself.

You told him at that point? You sort of dropped that bombshell as an afterthought?

That was my idea. I was going to string him along as far as I could. I figured I'd catch hell one way or the other. He wanted to go below and look at the patient. I told him that he was topside right over there standing in line. He called Platter over and said, "Son, how are you." Platter said, "Fine. The only way I could feel better is if I were twins. The doctor said, "Let's see your incision." Platter grabbed his midriff and said, "You know, Captain, I'm charging everybody on this boat 5 dollars to see my incision and it's going to cost you the same.

You say the doctor's name was Hart?

Yes. He was a pretty good doctor but I never got along with him too well.

What was Dr. Hart's reaction? What did he say to you after he saw Platter's incision?

After he looked at him and talked to him for a minute, he said, "Moore, I want to see you and your executive officer and your patient and his health record in my office at your earliest convenience. And then he turned around and walked off the vessel.

The next day I took Platter and the health record I had made out on him to Hart's office. He wanted to know where Davenport was. I told him he was on the ship and he wanted to know why I hadn't brought him as he had directed. I told him it wasn't my job. He ignored that comment and called me into his office. He had a clock right over his desk. I stood there right in the middle of that carpet for about 35 minutes while he pounded on that desk and expounded on how stupid it was for a damned pharmacist's mate to do that. He finally ended up pounding on his desk and saying, "There are a lot of people who might recommend you for a decoration. But as far as I'm concerned I'm going to recommend a general court martial for you and I'm going to do my darnest to see that you get it." I left as soon as I could.

You were probably pretty upset at this point.

I didn't know what to think. We went back to the vessel and was up topside wondering whether I should walk back on the fantail and just keep walking until my white hat floated. A little old ensign came up to me and could see that something was wrong. I told him what had gone on. He said, "Don't let it bother you, Doc. Go down and get ready to go on liberty." Before I went below, he'd left and a minute later here came old Burlingame, the skipper. He fairly took that gangplank off as he left. I never thought much about it.

I went up to sick bay the next day to see what kind of repercussions were going on. The chief asked me what I had told the captain the day before. "And when you got back to your ship, what did you tell your skipper?", he asked. I replied that I hadn't told him a darn thing. I hadn't even seen him until I saw him leaving the ship. The chief said, "Well, he came right up here right after you left and was in with the medical officer standing there and saying, "I don't want you to treat any of my boys down on the shore side. I don't want you to see them, I don't want anything to do with you." The old captain said, "Now you just look here. I'm a captain and you're a lieutenant commander, and you can't talk to me that way." And old Burlingame said, "I'm out there in charge of a first class fighting ship of the line, and as such I'm a captain of the line, and that takes precedence over a medical captain."

And I guess that was the end of the conversation. At any rate, they had words over it. We had a couple of boys who were injured and the skipper insisted that they go to the Naval Hospital at Aiea Heights, not the submarine base.

Were there any other repercussions?

No. I went over to the Navy Yard. They had a hospital over there. We sent Platter's appendix over there for analysis.

So you had kept the appendix.

Oh yea. I was smart enough to have pickled that appendix. I took it to the lab. On the way into the lab, a lab technician, a chief, was coming out of there and an officer, a surgeon, was going up the steps. The surgeon said, "I just came over here to see what kind of appendix that damned fool took out at sea. The chief looked at him and said, "Well, to tell you the truth, it was a helluva lot hotter than most of the ones you've been taking out." I breathed a sigh of relief and it got my chin up off my shoelaces for a bit. They considered it a very hot appendix.

Then I was called over to Nimitz's office at COMSUBPAC. The first thing Nimitz did was to congratulate me on taking the appendix out. "That was a gutsy thing to do. I just wanted to congratulate you," he said. "Now, we are going to publicize this and I'll tell you why. Our submarines here have done nothing but hold the entire Jap fleet at bay ever since we've been out here. We're a silent service and we haven't been able to say a thing about that. This is one thing we can talk about. It is a human interest story and we're going to publicize it any way we can." When I got over to Commander Surface Pac, they had 46 war correspondents over there.

I had made chief in the meantime and afterward decided to go and see what the chief's mess looked like. I went and sat down with my newspaper. This old chief looked up and said, "Look at this. A damned fool pharmacist's mate took out an appendix at sea. I'm sure glad that son of a gun wasn't working on me." I folded up my paper and took off.

Did you hear any more from the Medical Department in the years following?

Not really. It was never mentioned. I'm sure that it probably influenced my promotion because I made chief by that time. After we came into Pearl, the captain gave me a promotion to chief. I was going to take the examination for chief in a day or two and he told me that I was already a chief. About 6 or 7 months after that I was promoted to warrant officer. I think the operation may have contributed to all that.

How long were you on the Silversides?

I was on it for four patrols. There was one where our ship was sabotaged. We went in to refit after the fourth patrol. It looked like someone had taken the cable leading to our maneuvering room and bent it over a big barrel or pipe or something and taken a ball peen hammer and beaten on it until it was practically threadbare. It was just getting enough juice down there to where we got almost to Johnston Island when the thing lit up and smoked up the maneuvering room. We had to use oxygen to get in there to put it out.

Where did you go after your service on the Silversides?

I was transferred to the naval hospital at Aiea Heights up on the hill overlooking Pearl. I stayed up there about 6 months, probably closer to 9 months.

How long did you stay in the Navy altogether?

Seven and a half years. I got out as a chief warrant officer in '46, about 6 months after the war was over.

I've heard that throughout the entire war only three appendectomies were done aboard submarines, Lipes' aboard Seadragon, [Harry] Roby's aboard Grayback, and yours. Did you ever hear of any others?

I've heard that there were eight altogether. A lot of things were published, a few which weren't quite true. One thing was that a guy was reading a book while he was operating. Another was that we were getting instructions over the radio. I remember my experience as being quite a lonely endeavor. I would have much rather had a competent surgeon doing it.

Nevertheless, it's clear that you did quite a good job.

Not really because it took me so long to take care of that one bleeder.

There should be no complaints considering that your patient lived until 1987.

Another thing, too. There were some rumors among the submariners, one that it wasn't necessary to take that appendix out. Considering the fact that we didn't have any antibiotics to rely on, I don't know what else we could have done.

What did you do when you got out of the Navy?

When I got out, I looked in the Bay area for a job. I saw this little ad that the Maritime Service had run. It was the training organization for the Merchant Marine. They wanted an administrative assistant in a small hospital. I applied and was hired. At that time we had 4,000 people in officer training at the Alameda training station. I stayed there about 16 months in charge of their sick bay. They had three medical officers and 20 beds. They also had three dentists and technicians in x-ray, lab, and pharmacy. Everything was represented. While I was there one of the people who was a registered nurse held sick call. I would go in and help him. He kept telling me to take the test to be a registered nurse. I went to San Francisco and took the examination.

I finally resigned and we came back to Colorado but couldn't find a job. With two kids and a wife to support, I finally decided to go back to school under the G.I. Bill and went to pharmacy school at the old Capital College of Pharmacy in Denver. When I got out I worked for a dollar and a quarter an hour working from daylight to dark. I finally went to the regional center in Denver and applied for a job there. They told me that all the good jobs at the hospitals were gone a long time ago. However, they said that if I were a registered nurse they could put me on the next day.

That job paid a good deal more than what pharmacists were making. I nursed for Veterans Administration hospitals for 8 1/2 years in Denver and Grand Junction. When I quit there we owned a small grocery and gas station for about 9 months. After selling the grocery store I returned to pharmacy. My wife and I owned and operated our own pharmacy for 15 years. In July 1990 we sold our pharmacy and both retired.